



Medical
Doorway

Application Form

Section 1: Your Details		
First Name(s)		
Surname		
Date of Birth		
Gender: Male Female	Marital Status	
	Citizenship	
Nationality	Passport No.	Expiry Date
Country of Birth	Town/City of Birth	
Permanent Address	Postal Address (if different)	
Phone Number (Mobile)	Phone Number (other e.g. landline)	
Email Address		
Section 2: Higher Education		
From the options below, choose the one that best describes your current status:		
Current High School Student	Current University Student	
Gap Year Student	University Graduate	
For University Graduates Only		
University Attended		
Faculty		
Study Programme		
Year of most recent graduation		
School/College/6th form attended		
School Graduation Year		
Country of School (e.g. UK)		
Town/City of School		
Name of School		

Educational qualifications (including those currently sitting)			
School educational qualifications (most recent first)			
Qualification (e.g. A-level)	Subject	Grade	Year Awarded

Additional documentation required:

- Curriculum Vitae (signed by the applicant)
- A letter from your Doctor stating you are medically fit to study for Veterinary Medicine
- Two passport photographs

Payment:

- Exam fee £180 (including VAT)
 - You will be sent an electronic invoice requesting payment

Notes:

I hereby certify that the information given on this form is complete, accurate and correct. I understand that any inaccurate information may invalidate my application.

I understand that admission to the university is governed by UVPS – Brno and that Medical Doorway Limited cannot be held responsible for any losses as a result if not being selected for entry by the university.

The student and/or their sponsor will be responsible for paying the following disbursements (costs we pay on your behalf) of the following:

- DHL courier of completed application to UVPS Brno
- Legalisation of all documents required by the university
 - Unless the student is arranging this for themselves

Please note: Examination fee is non-refundable

E-mail your completed form to hello@medicaldoorway.com

Signature:	Date:

For Office Use Only:	
Application e-mail	
Application Password	
Pseudo Birth Number	
Initials	